



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS, P.O. BOX 570, JEFFERSON CITY, MO 65102

REQUEST FOR FILING BIRTH CERTIFICATE AS RESULT OF FOREIGN ADOPTION

BIRTH INFORMATION AS SHOWN ON FOREIGN BIRTH CERTIFICATE

COMPLETE ALL ITEMS

PLEASE TYPE OR PRINT USING BLACK INK ONLY

INFORMATION ABOUT CHILD

1. CHILD'S ORIGINAL NAME (*FIRST, MIDDLE, LAST*) This is the name that will appear on the birth certificate unless a certified copy of a court order changing the child's name is attached or one of the adoptive parent's surname is contained in the proof of adoption. If so, list the child's name as it is to appear on the birth certificate in Item 2.

2. CHILD'S NAME AS IT WILL APPEAR ON THE NEW BIRTH CERTIFICATE (*FIRST, MIDDLE, LAST*)

3. DATE OF BIRTH (*MONTH/DAY/YEAR*)

4. BIRTHPLACE – CITY

5. BIRTHPLACE – COUNTRY

6. HOSPITAL NAME (*IF KNOWN*)

7. SEX OF CHILD
☐ MALE
☐ FEMALE

8. PLURALITY – Single,
Twin, Triplet, etc. (*Specify*)

9. IF NOT SINGLE BIRTH –
Born First, Second, Third,
etc. (*Specify*)

10. NATURAL MOTHER'S NAME (*FIRST, MIDDLE, MAIDEN NAME*)

11. NATURAL FATHER'S NAME (*FIRST, MIDDLE, LAST*)

INFORMATION FOR ADOPTING MOTHER

(If step-parent adoption, the information regarding the natural parent(s) must be completed)

12. FULL **MAIDEN** NAME (*FIRST, MIDDLE, MAIDEN NAME*)

13. DATE OF BIRTH (*MONTH/DAY/YEAR*)

14. STATE OF BIRTH **OR** COUNTRY (*IF OUTSIDE U.S.*)

15A. RESIDENCE **AT TIME OF CHILD'S BIRTH** (*STATE*)

15B. COUNTY

15C. CITY OR TOWN

15D. INSIDE CITY LIMITS
☐ YES ☐ NO

15E. STREET AND NUMBER

16. RACE

17. EDUCATION (*HIGHEST GRADE COMPLETED*)

18. SOCIAL SECURITY NUMBER

19. NUMBER OF LIVE BIRTHS PRIOR TO BIRTH OF ADOPTED CHILD – *NUMBER LIVING* _____ ☐ NONE *NUMBER DEAD* _____ ☐ NONE

20. NUMBER OF ADOPTED CHILDREN PRIOR TO BIRTH OF ADOPTED CHILD – *NUMBER LIVING* _____ ☐ NONE *NUMBER DEAD* _____ ☐ NONE

21. NUMBER OF FETAL DEATHS (STILLBIRTHS): _____ ☐ NONE

INFORMATION FOR ADOPTING FATHER

22. FULL NAME (*FIRST, MIDDLE, LAST*)

23. DATE OF BIRTH
(*MONTH/DAY/YEAR*)

24. STATE OF BIRTH OR COUNTRY (*IF OUTSIDE U.S.*)

25. RACE (*SPECIFY*)

26. EDUCATION (*HIGHEST GRADE
COMPLETED*)

27. SOCIAL SECURITY NUMBER

28. OCCUPATION

ADOPTING PARENTS' SIGNATURES

29. FATHER

30. DATE

31. MOTHER

32. DATE

33. ADOPTING PARENTS' MAILING ADDRESS

34. TELEPHONE NUMBER (*PLEASE
INCLUDE AREA CODE*)

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